

GIRL'S VOLLEYBALL LEAGUE

REGISTRATION FORM

*****ALEXANDRIA CITY RESIDENTS ONLY!*****

YOUTH SPORTS
1108 JEFFERSON STREET
ALEXANDRIA, VIRGINIA 22314
(703) 838-4345

*** COST: \$15.00 ***

*** *A COMPLETED REGISTRATION FORM WILL SECURE PROGRAM ENROLLMENT.***

MEDICAL INSURANCE

THE CITY OF ALEXANDRIA DOES NOT PROVIDE MEDICAL INSURANCE FOR PROGRAM PARTICIPANTS. IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT, HOSPITALIZATION, AND/OR SURGERY, THE FAMILY MEDICAL INSURANCE MUST BE USED.

PARTICIPANT'S NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ HOME # _____ WORK # _____

SHIRT SIZE _____ SCHOOL _____

PARENT'S SIGNATURE _____ E-MAIL _____

PREVIOUS EXPERIENCE _____

WAIVER FORM

IN CONSIDERATION OF THE CITY OF ALEXANDRIA DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES, CONDUCTING VARIOUS PROGRAMS AND ALLOWING _____ TO PARTICIPATE IN THE _____ PROGRAM, THE UNDERSIGNED, REALIZING THE RISK OF INJURY ATTENDANT TO SUCH PROGRAMS DOES HEREBY RELEASE AND FOREVER DISCHARGE THE CITY OF ALEXANDRIA AND THE DEPARTMENT OF RECREATION, PARKS AND CULTURAL ACTIVITIES AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS OR LIABILITY RESULTING FROM OR ARISING OUT OF OR BASED UPON ANY BODILY INJURY OR PROPERTY DAMAGE WHICH MAY BE SUSTAINED BY THE UNDERSIGNED OR THE UNDERSIGNED'S CHILD WHILE PARTICIPATING IN THIS PROGRAM.

SIGNATURE OF PARENT

THE ALEXANDRIA DEPARTMENT OF RECREATION ENCOURAGES PARTICIPATION IN CITY PROGRAMS FROM ALL RESIDENTS. IF YOU OR A MEMBER OF YOUR FAMILY OR FRIEND WOULD LIKE TO PARTICIPATE IN PROGRAMS OR ACTIVITIES AND ARE IN NEED OF FEE ASSISTANCE IN ORDER TO PARTICIPATE, CONTACT THE SPONSORING PROGRAM OFFICE FOR MORE INFORMATION.